

# CLAIMS ONLY

SERIAL NO.	FILING DATE
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APPLICANT(S)
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## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2	1					
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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TOTAL IND.	4		↓		↓	
TOTAL DEP.	30	←	←	←	←	←
TOTAL CLAIMS	34					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS